

INCIDENT REPORT

Facility:	Northeast Ohio	Incident Number:	2019-1901-736-III
Incident Date/Time (HRS):	10/03/2019 08:15 hours		
Facility Damage:	None		
Incident Location:	Facility Property \ Section: A \ A5 - A8 \ Block: 07		

INCIDENT PRIORITY LIST:

Priority	Priority Description
III	Discovery of Illegal Drugs
III	Attempted introduction of illegal drugs, alcohol (homemade or manufactured), or controlled substances (i.e. Prescription drugs)

Other Priority Description:	
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<p>DESCRIPTION OF INCIDENT:</p> <p>On October 3rd, 2019, at approximately 8:00 a.m., SIS staff was assisting with reviewing the incoming facility mail. While reviewing the incoming United States Marshal Services (USMS) Detainee incoming mail, Detainee Daniel Tally #16901-027 received personal mail from an unknown individual with a return address of 931 Morningstar Drive Akron, Ohio 44307. Tally received three (3) pictures on off colored pieces of thick cotton paper that appeared to be suspicious in nature. The mail was secured and taken to the SIS office where it was tested with NARK Test II (Narcotics Analysis Reagent KIT) yielding a positive result for heroin at approximately 8:15 am.</p> <p>Subsequently, a targeted cell was initiated of Talley's cell (ALPHA 7 CELL 132). During the search, two (2) additional envelopes with four (4) sheets of the same type of paper were discovered in Detainee Donte Gibson's #65410-060 personal property at approximately 8:30 a.m. The envelopes were secured and taken to the SIS office where it was tested with NARK Test II (Narcotics Analysis Reagent KIT) yielding a positive result for heroin.</p> <p>Upon further investigation of the address 931 Morningstar Drive Akron, Ohio 44307, it was found to be connected to USMS Detainee Gibson. Previously, detainee Gibson was incarcerated as a state of Ohio inmate (A443052). Upon review of detainee Gibson approved visitor list while incarcerated as a state of Ohio inmate, is a female Tammy Gibson (Sister). The address associated with Tammy Gibson is 931 Morningstar Drive Akron, Ohio 44307. Currently on USMS detainee Gibson approved visitor list at Northeast Ohio Correctional Center is Tammy Gibson.</p>

Inmates/Residents Involved?	Yes
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INVOLVED PEOPLE:

Inmate/Resident Name(s) & Number	Jurisdiction	Witness or Participant	5-1C Attached or Refused?	Injuries
DONTE GIBSON (65410060)	USMS - Northern District of Ohio	Participant	Attached	No

Employee Name(s) & Number	Employee Title	Witness or Participant	5-1C Attached?	Injuries
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INCIDENT REPORT

Thomas Robinson (39539071)	Correctional Officer	Participant	Yes	No
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Medical Evaluation Completed?	Yes
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HEALTH SERVICES PERSONNEL CONDUCTING EXAMINATIONS:

Name	Title
Senich, Steven	RN

Weapons Discovered?	N/A	How Many?	
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Weapon Description	Weapon Location
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Cell Phones Discovered?	N/A	How Many?	
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Inmate/Resident Disciplinary Charges Filed?	Yes
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Inmate/Resident Name(s) & Number	Segregation and/or PHD	Property Inventory Completed
DONTE GIBSON (65410060)	Yes	Yes

Incident Videotaped?	N/A
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Name/Title of Camera Operator:	N/A
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If Not Recorded, Explain:	N/A
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Photos of injuries, contraband, or property?	Yes	How Many?	5
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If No Photos, Explain:	N/A
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Name/Title of Photo Taker:	Thomas Robinson / Phone Monitor
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EVIDENCE INFORMATION:

Evidence recovered during incident?	Yes
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Chain of Custody Maintained:	Yes
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Evidence Description:	4 papers containing heroin
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Evidence Current Location:	SIS Office
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INCIDENT REPORT

Name/Title of Person Discovering Evidence:	Thomas Robinson / Phone Monitor
Criminal Charges:	No

Notifications:**Facility Notifications:**

Person Notified	Date/Time Notified	Notified By	ADO?
James Codner	10/3/19	email	Yes

FSC Notifications:

Person Notified	Date/Time Notified	Notified By
David Berkibile	10/3/19	email

Contracting Agency Notifications:

Person Notified	Date/Time Notified	Notified By
Laura Gardner	10/3/19	email

Outside Agency Notifications:

Person Notified	Date/Time Notified	Notified By
Ann Murphy	10/3/19	email

Referred for Investigation by Warden/Administrator or ADO?	Yes
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Prepared By:	Brian Moore	Title:	Unit Manager
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Completed Date/Time:	10/03/2019 12:50hours
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Name	Job Title	Date and Time Signed
Brian P Moore	UNIT MANAGER	10/03/2019 11:44 hrs.

CASE #: 274-19EVIDENCE CONTROL # NECC 274-19

CHAIN OF CUSTODY FORM

DATE RECOVERED: 10-3-2019 TIME RECOVERED: 0815AMRECOVERED BY (NAME & TITLE): Phone Monitor RobinsonSUSPECT NAME AND ID#: Talley, Daniel #16901-027VICTIM NAME & ID# (if applicable): NALOCATION OF DISCOVERY: MailroomDESCRIPTION OF CONTRABAND: 3 pages positive for Heroin

I, being the staff member who recovered the contraband, do hereby certify that the above information is correct to the best of my knowledge.

STAFF SIGNATURE: *TR*DATE: 10-3-2019

When contraband is subsequently moved from the location of discovery, the following chain of possession is to be documented by each staff member handling the contraband. Location where custody changed hands is to be noted, as well as date and time of transfer, and the staff member's names that were and are now in possession must be completed. Each staff member who is in possession of the item will sign on the corresponding line.

CHAIN OF POSSESSION					
Location	Date	Time	From	To	Staff Signature
1. Mailroom	10-3-2019	0815AM	Mailroom	Robinson	<i>TR</i>
2. Robinson	10-3-2019	0817AM	Robinson	SIS Office	<i>TR</i>
3. SIS Office	10-3-2019	1000AM	SIS Office	SIS Safe	<i>TR</i>
4					
5					
6					
7					
8					
9					
10					

Complete another form if additional space is needed

CASE #: 275-19EVIDENCE CONTROL # NOEC 275-19**CHAIN OF CUSTODY FORM**DATE RECOVERED: 10-3-2019 TIME RECOVERED: 0830AMRECOVERED BY (NAME & TITLE): Phone Monitor RobinsonSUSPECT NAME AND ID#: Gibson, Donte #65410-060VICTIM NAME & ID# (if applicable): NALOCATION OF DISCOVERY: MailroomDESCRIPTION OF CONTRABAND: 4 pages positive for Heroin

I, being the staff member who recovered the contraband, do hereby certify that the above information is correct to the best of my knowledge.

STAFF SIGNATURE: TV DATE: 10-3-2019

When contraband is subsequently moved from the location of discovery, the following chain of possession is to be documented by each staff member handling the contraband. Location where custody changed hands is to be noted, as well as date and time of transfer, and the staff member's names that were and are now in possession must be completed. Each staff member who is in possession of the item will sign on the corresponding line.

CHAIN OF POSSESSION

Location	Date	Time	From	To	Staff Signature
1. Mailroom	10-3-2019	0830AM	Mailroom	Robinson	TV
2. Robinson	10-3-2019	0900AM	Robinson	SIS Office	TV
3. SIS Office	10-3-2019	1005AM	SIS Office	SIS Safe	TV
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8					
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10					

Complete another form if additional space is needed

CONFINEMENT RECORD (CR)

Facility Name	NEOCC		
Detainee Name	Gibson, Eric	Detainee Number	65987060
Date of Placement	10-7-18	Time	0100
Placement Ordered By	S/S LATTNER	Original Housing	B1
		Tentative Release Date	PENDING DHO

I. RESTRICTIVE HOUSING STATUS - INITIAL (Check One):

- ☐ Disciplinary Segregation ☐ Administrative Segregation – Protective Custody ☒ Administrative Segregation-Preventive
☐ Administrative Segregation- Investigation ☐ Administrative Segregation – Involuntary PREA Placement

ANY TIME A DETAINEE'S STATUS CHANGES, ANOTHER 10-100A MUST BE COMPLETED

II. REASON FOR PLACEMENT (Check One):

- ☐ Disciplinary Infraction of offenses for which disciplinary segregation is an approved sanction
☐ Separation from general population for the purpose of protection from other detainees for reason of personal safety
☒ Poses a serious threat to life, property, self, staff, or other detainees
☐ Poses a threat to the security of the orderly operation of the facility
☐ Administrative order from the Chief of Security or higher authority or contracting agency
☐ Preventive Measures to ensure detainee and staff safety
☐ Investigation only after officials conclude "poses a threat to life, property, self, staff, other detainees and public."
☐ Involuntary PREA Placement – No alternative means of separation can be arranged (note reason why below)

Reason why no alternative means of separation or other housing option could not be arranged: _____

III. SPECIAL CONDITIONS/PRECAUTIONS: (If "YES", you must explain. Attach additional sheets, if necessary.)**

Recreation/Exercise Requirements: ☒ NO ☐ YES: _____

Restrictions on Personal Property (imposed by the placing authority for cause): ☒ NO ☐ YES: _____

Known Assault Risk: ☒ NO ☐ YES: _____

Modified Restraint Procedures: ☒ NO ☐ YES: _____

Medical/Mental Health Care Personnel Conduct Risk Assessment Prior to Placement in Restrictive Housing: ☒ NO ☐ YES: _____

Disability: ☒ NO ☐ YES: _____

Special Diet (medical or religious): ☒ NO ☐ YES: _____

Medication Requirements (current prescriptions): ☒ NO ☐ YES: _____

Additional Search Requirements: ☒ NO ☐ YES: _____

Other: ☒ NO ☐ YES: _____

IV. Is the detainee's behavior abnormal, aggressive, violent, or unusual? ☐ NO ☒ YES *If "YES", Explain:

Detainee placed in Restrictive Housing for a C-9 Failure to Follow

V. ADMINISTRATIVE REVIEW: This section must be completed for initial placement, not required for a change in status.

The review must be conducted within 24 hours of placement by the Chief of Security/Unit Management or higher authority.

Printed Name		Title	
Signature		Date	Time

VI. RELEASE:

- A. Plan for return to less Restrictive Housing: ☐ Conclusion of disciplinary time ☐ Assignment to a less restrictive program by Multi-Disciplinary Committee ☐ Demonstrated good behavior ☐ Other

B. Special Release Orders: _____

C. Ordered By:

Printed Name		Title	
Signature		Date	Time

D. Release Date: _____

CORECIVIC INMATE/RESIDENT DISCIPLINARY REPORT 15-2A-USMS

Inmate/Resident's Name Gibson, Donte _____

CoreCivic# 65410-060 _____ Other 5413041 _____

Offense Title C-3: Attempt/ Conspiracy, C-14: Possession of Contraband, C-26: Unauthorized Use of Mail. _____

Date of Offense 10/3/2019 _____ Time of Offense 8:15 a.m. _____

Location of Offense: Mailroom and A7 _____ # 132 _____

Inmate/Resident Detained For: N/A _____

Description of Offense:

On October 3rd, 2019, at approximately 8:00 a.m., SIS staff was assisting with reviewing the incoming facility mail. While reviewing the incoming United States Marshal Services (USMS) Detainee incoming mail, Detainee Daniel Tally #16901-027 received personal mail from an unknown individual with a return address of 931 Morningstar Drive Akron, Ohio 44307. Tally received three (3) pictures on off colored pieces of thick cotton paper that appeared to be suspicious in nature. The mail was secured and taken to the SIS office where it was tested with NARK Test II (Narcotics Analysis Reagent KIT) yielding a positive result for heroin at approximately 8:15 am.

Subsequently, a targeted cell was initiated of Talley's cell (A07-132). During the search, two (2) additional envelopes with four (4) sheets of the same type of paper were discovered in Detainee Donte Gibson's #65410-060 personal property at approximately 8:30 a.m. The envelopes were secured and taken to the SIS office where it was tested with NARK Test II (Narcotics Analysis Reagent KIT) yielding a positive result for heroin.

Upon further investigation of the address 931 Morningstar Drive Akron, Ohio 44307, it was found to be connected to USMS Detainee Gibson. Previously, detainee Gibson was incarcerated as a state of Ohio inmate (A443052). Upon review of detainee Gibson approved visitor list while incarcerated as a state of Ohio inmate, is a female Tammy Gibson (Sister). The address associated with Tammy Gibson is 931 Morningstar Drive Akron, Ohio 44307. Currently on USMS detainee Gibson approved visitor list at Northeast Ohio Correctional Center is Tammy Gibson. End of statement.

(Use Continuation Sheet if Necessary)

Staff Involved: Phone Monitor Robinson _____

Inmate/Residents Involved: Gibson, Donte #65410-060 _____

Reporting Employee's Name and Title: Phone Monitor Robinson _____

Date & Time Prepared: 10/3/2019 @ 1130 _____

Employee's Signature: TL _____ Supervisor's Signature: _____

ADVISEMENT OF RIGHTS:

By signing below, the accused indicates the rights they desire and is not an admission of guilt.

1. Does the accused wish to have a Staff Advisor? Yes _____ No _____. If yes, Staff Advisor's name and title: _____
2. Does the accused wish to call voluntary witnesses to testify on their behalf? Yes _____ No _____ If yes, name and case or arrest # of witnesses _____
3. Does the accused waive the right to a hearing? Yes _____ No _____ If so, does the accused plead guilty to the charge? Yes _____ No _____
4. Date set for hearing _____
5. Does the accused wish to waive the right to 24 hours notice of charges? Yes _____ No _____

Inmate/Resident's signature _____

Accused Inmate/Resident received a copy of report:

Inmate/Resident Signature _____ Date & Time _____

Staff Serving Notice of Charges _____ Date & Time _____

2019-1901-736-III

Discovery of Illegal Drugs

Attempted introduction of illegal drugs, alcohol (homemade or manufactured),
or controlled substances (i.e. Prescription drugs)

Date/Time: 10/3/2019 0800 Location: A \ A5 - A8 \ Block: 07

USM Detainee DONTÉ GIBSON (65410060)

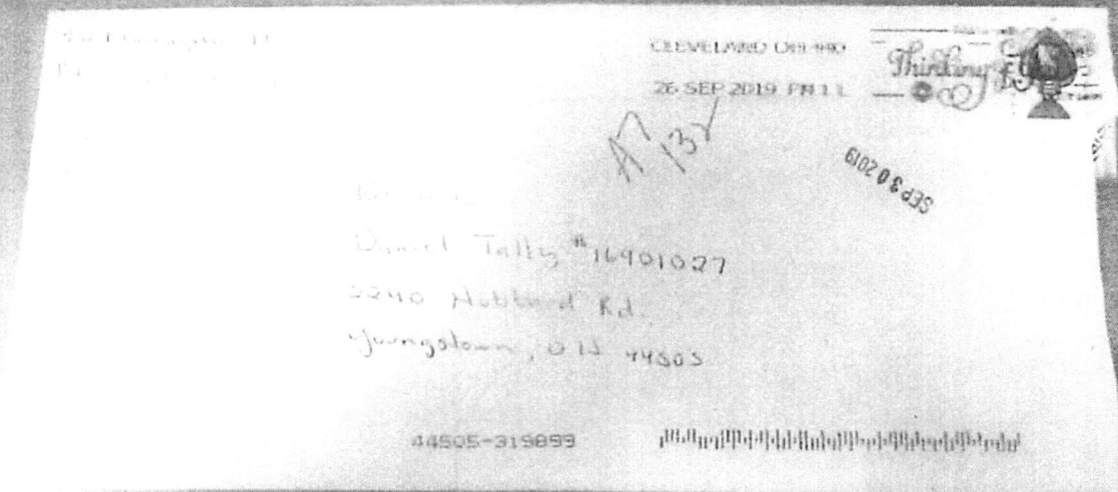
USMS Detainee Gibson, Donte #65410-060
10/3/2019 @ 8:15 a.m.
Location of Discovery: Mailroom and A7, cell 132
Test Used: NIK B Test (Fentanyl and Heroin)
Photo by: Phone Monitor Robinson
USMS Detainee Gibson was charged after mail from an address
associated with a family member of his (Tammy Gibson) tested
positive for Heroin. In addition, four sheets of heroin were located
in his property in A7, cell 132.

**33 FENTANYL
REAGENT**
(acetyl-fentanyl)

Fentanyl
(Acetyl-fentanyl)

Heroin

USMS Detainee Gibson, Donte #65410-060
10/3/2019 @ 8:15 a.m.
Location of Discovery: Mailroom and A7, cell 132
Test Used: NIK B Test (Fentanyl and Heroin)
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USM DONTÉ GIBSON (65410060)

P1-P2

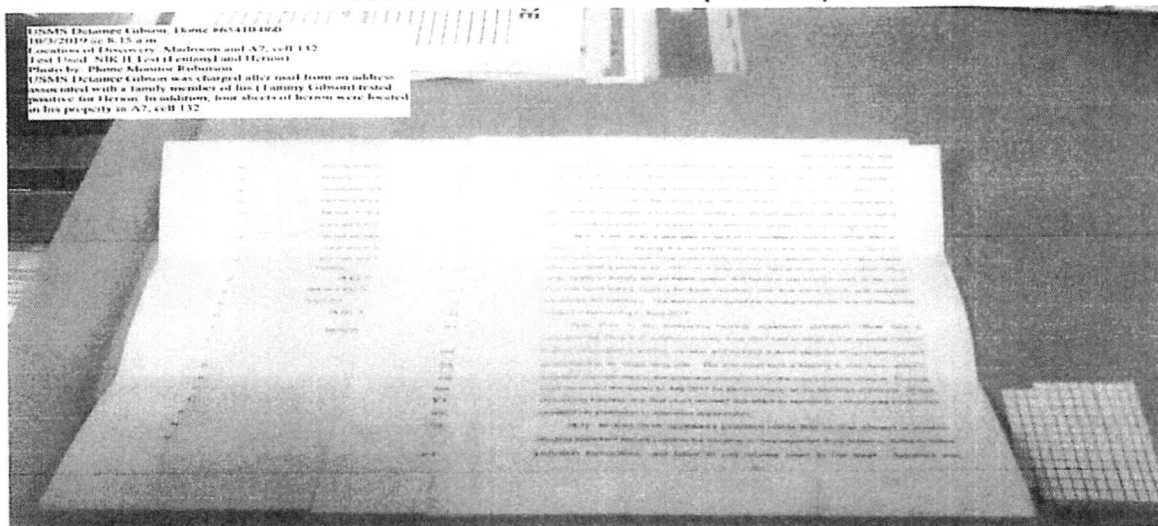
2019-1901-736-III

Discovery of Illegal Drugs

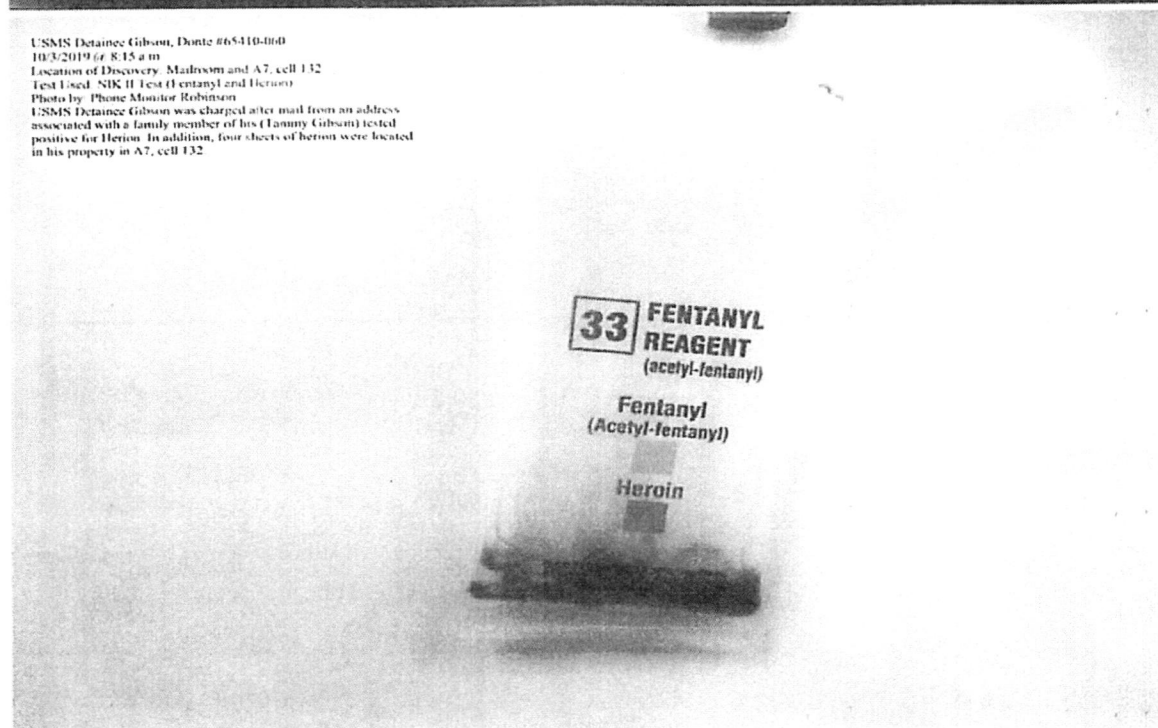
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or controlled substances (i.e. Prescription drugs)

Date/Time: 10/3/2019 0800 Location: A \ A5 - A8 \ Block: 07

USM Detainee DONTÉ GIBSON (65410060)



USM Detainee Gibson, Donte #65410060
10/3/2019 at 8:15 a.m.
Location of Discovery: Mailroom and A7, cell 132
Test Used: NIK II Test (Fentanyl and Heroin)
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USM DONTÉ GIBSON (65410060)
P3-P4

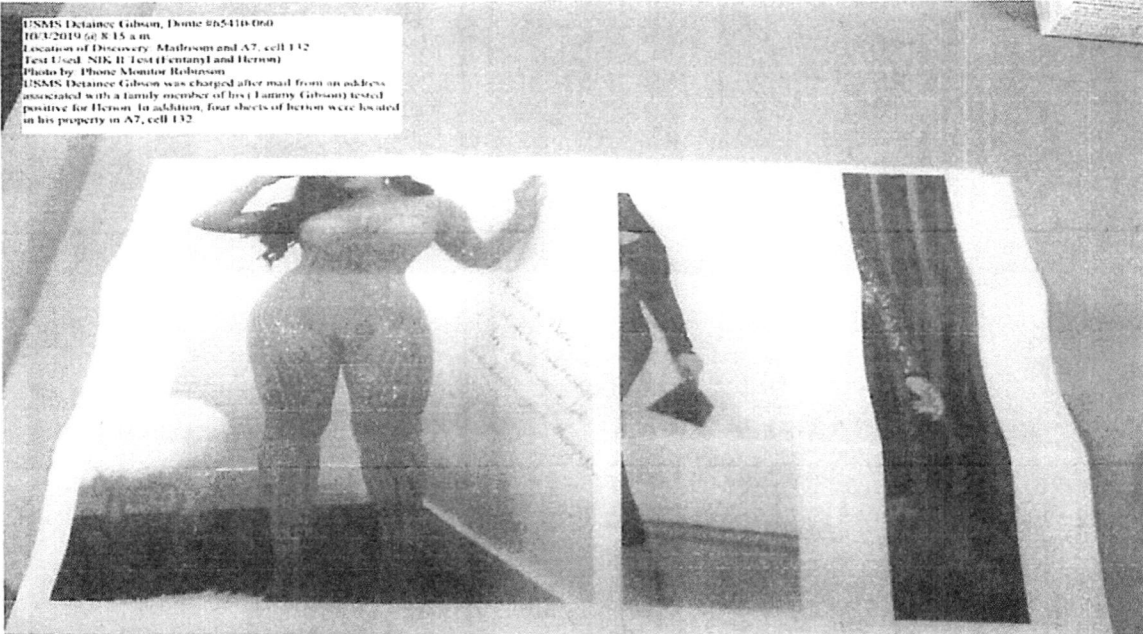
2019-1901-736-III

Discovery of Illegal Drugs

**Attempted introduction of illegal drugs, alcohol (homemade or manufactured),
or controlled substances (i.e. Prescription drugs)**

Date/Time: 10/3/2019 0800 Location: A \ A5 - A8 \ Block: 07

USM Detainee DONTÉ GIBSON (65410060)



USM DONTÉ GIBSON (65410060)

P5

INCIDENT STATEMENT

Facility	Northeast Ohio Correctional Center	Incident Number	2019-1901-736-711
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Incident Date	10/3/2019	Incident Time (HRS)	8:15 a.m.
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Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
Thomas C. Robinson	39539071	Employee	Participant

Housing Location (For Inmates/Residents Only)	
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Based on your own knowledge, what did you see, hear, and do?

On October 3rd, 2019, at approximately 8:00 a.m., SIS staff was assisting with reviewing the incoming facility mail. While reviewing the incoming United States Marshal Services (USMS) Detainee incoming mail, Detainee Daniel Tally #16901-027 received personal mail from an unknown individual with a return address of 931 Morningstar Drive Akron, Ohio 44307. Tally received three (3) pictures on off colored pieces of thick cotton paper that appeared to be suspicious in nature. The mail was secured and taken to the SIS office where it was tested with NARK Test II (Narcotics Analysis Reagent KIT) yielding a positive result for heroin at approximately 8:15 am.

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End of statement.

Did you receive any injuries? YES or NO (If YES, Explain Below)	No.
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Were you evaluated by medical? YES or NO	No.
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Printed Name:			
Signature:	<i>TR</i>	Date:	10/3/2019
Typed By:	Thomas C. Robinson	Date:	10/3/2019

This section to be completed by CoreCivic staff. If the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

FOLD HERE

EVIDENCE

Case Number 275-19

Pouch Number NECC 275-19

Type of Offense _____

Description of Evidence 4 pages positive
for heroin

Suspect Gibson, Dante # 65410-060

Victim N/A

Date and Time of Recovery 10.3.19 0830 AM

Location of Recovery A7-132

Recovered By Robinson

Reason Seized _____

☐ Analysis

☐ Trial

☐ Safekeeping

CHAIN OF CUSTODY

Received From A7-132 By Robinson

Date 10.3.19 Time 0830 AM PM

Received From Robinson By SIS office

Date 10.3.19 Time 0900 AM PM

Received From SIS office By SIS safe

Date 10.3.19 Time 1005 AM PM

Received From _____ By _____

Date _____ Time _____ AM PM

Received From _____ By _____

Date _____ Time _____ AM PM

ITEM NUMBER 11-21

[illegible]

1. NAME OF THE PROJECT _____
 2. DATE OF THE PROJECT _____
 3. NAME OF THE STUDENT _____
 4. NAME OF THE SCHOOL _____
 5. NAME OF THE CLASS _____
 6. NAME OF THE TEACHER _____
 7. NAME OF THE SUBJECT _____
 8. NAME OF THE INSTITUTION _____
 9. NAME OF THE CITY _____
 10. NAME OF THE STATE _____
 11. NAME OF THE COUNTRY _____
 12. NAME OF THE DISTRICT _____
 13. NAME OF THE TOWN _____
 14. NAME OF THE VILLAGE _____
 15. NAME OF THE POST OFFICE _____
 16. NAME OF THE PIN CODE _____
 17. NAME OF THE PHONE NO. _____
 18. NAME OF THE FAX NO. _____
 19. NAME OF THE E-MAIL ID _____
 20. NAME OF THE WEBSITE _____
 21. NAME OF THE BLOG _____
 22. NAME OF THE YOUTUBE CHANNEL _____
 23. NAME OF THE FACEBOOK PAGE _____
 24. NAME OF THE TWITTER PAGE _____
 25. NAME OF THE G+ PAGE _____
 26. NAME OF THE PINTEREST PAGE _____
 27. NAME OF THE INSTAGRAM PAGE _____
 28. NAME OF THE SNAPCHAT PAGE _____
 29. NAME OF THE WHATSAPP PAGE _____
 30. NAME OF THE TELEGRAM PAGE _____
 31. NAME OF THE SIGNAL PAGE _____
 32. NAME OF THE VIBER PAGE _____
 33. NAME OF THE SKYPE PAGE _____
 34. NAME OF THE ZOOM PAGE _____
 35. NAME OF THE MEET PAGE _____
 36. NAME OF THE JAMBLINK PAGE _____
 37. NAME OF THE GOWATTS PAGE _____
 38. NAME OF THE KIK PAGE _____
 39. NAME OF THE LARK PAGE _____
 40. NAME OF THE PING PONG PAGE _____
 41. NAME OF THE POKER PAGE _____
 42. NAME OF THE RISK PAGE _____
 43. NAME OF THE SPOILER PAGE _____
 44. NAME OF THE TALK PAGE _____
 45. NAME OF THE TELL PAGE _____
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 100. NAME OF THE TELL PAGE _____

conclusions. The authors recommend a preliminary, low-dose, single-session intervention (10 min) of 100 Hz TMS to the motor cortex, followed by a 4-week, low-dose, 10-min, 100-Hz TMS program, administered 3 times per week. The authors also suggest that the 100-Hz TMS protocol be used as a screening tool for the diagnosis of depression. The authors conclude that the 100-Hz TMS protocol is a promising treatment for depression and should be used in the future.

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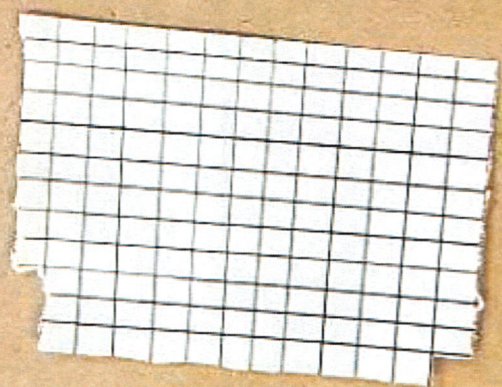
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EVIDENCE

Case Number 274-19

Pouch Number NE000 274-19

Type of Offense _____

Description of Evidence 3 pages

positive for heroin

Suspect Talley, Daniel #1901-027

Victim N/A

Date and Time of Recovery 10.3.19 0815AM

Location of Recovery mail room

Recovered By Robinson

Reason Seized _____

☐ Analysis ☐ Trial ☐ Safekeeping

CHAIN OF CUSTODY

Received From mail room By Robinson

Date 10.3.19 Time 0815 AM PM

Received From Robinson By SIS office

Date 10.3.19 Time 0817 AM PM

Received From SIS office By SIS safe

Date 10-3-19 Time 1000 AM PM

Received From _____ By _____

Date _____ Time _____ AM PM

Received From _____ By _____

Date _____ Time _____ AM PM

ITEM NUMBER 11-21

